

Case Number:	CM14-0164426		
Date Assigned:	10/09/2014	Date of Injury:	10/24/2013
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 years old female patient who sustained an injury on 10/24/13. She sustained the injury due to repetitive keyboarding and mouse use. The current diagnoses include other tenosynovitis of hand and wrist and sprain of unspecified site of wrist. Per the doctor's note dated 8/12/14, she had complaints of bilateral elbow, wrist, hand and shoulder pain. The physical examination of the bilateral wrists, elbows and shoulders revealed full range of motion, focal tenderness at the bicipital groove, diffuse tenderness over the lateral epicondyle and the extensor tendon group in both wrists on the dorsal aspect, 5/5 strength and 2 plus reflexes bilaterally. The current medications list includes Tramadol, Naproxen, Norflex and Terocin patches. She has had physical therapy visits, occupational therapy visits and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Myofascial release 8 sessions bilateral upper extremities/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Per the CA MTUS guidelines cited below regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise),and it should be limited to 4-6 visits in most cases.....Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided."She has had physical therapy visits, occupational therapy visits and acupuncture visits for this injury. Response to these prior conservative therapies is also not specified in the records provided. In addition per the doctor's note dated 8/12/2014, patient had full range of motion of the bilateral wrists, elbows and shoulders with normal strength and reflexes. Significant functional deficits that would require myofascial release is not specified in the records provided.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the Myofascial Release 8 sessions bilateral upper extremities/cervical spine is not fully established for this patient.In addition per the doctor's note dated 8/12/2014, patient had full range of motion of the bilateral wrists, elbows and shoulders with normal strength and reflexes.Significant functional deficits that would require myofascial release is not specified in the records provided.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of the Myofascial Release 8 sessions bilateral upper extremities/cervical spine is not fully established for this patient.